



WHICKHAM  
URBAN DISTRICT COUNCIL.



# Annual Report

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OF THE

## Medical Officer of Health

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AND THE

**SANITARY INSPECTOR**


**Mr. Geo. E. HOPPER,**

FOR THE

**YEAR ENDING DECEMBER, 1919.**

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SWALWELL,  
ARNOLD A. FLETCHER, GENERAL PRINTER, MARKET LANE,  
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# REPORT.

WHICKHAM,  
AUGUST 1920.

MR. CHAIRMAN & GENTLEMEN,

I beg to submit my Annual Report for 1919.

## Population.

While it is very difficult to estimate the population I am quite confident that the estimate given by the Registrar General is very nearly accurate viz:— 20,204 for birth rate, and 19,395 for death rates, the latter including all non-civilian Males.

## Births.

There were registered in the district 432 births and to residents temporarily outside there were 8. This gives a total of 440 which is 6 fewer than last year. Of these 238 were males and 202 females; 423 were legitimate and 17 illegitimate. For the different Wards the figures are:— Whickham 53, Swalwell 111, Marley Hill 40, and Dunston 236.

This gives a birth rate of 21·77 which is 0·31 lower than last year.

It is higher than that of England and Wales at 18·5, the 96 great towns including London 19·0, the 148 smaller towns at 18·3, and London at 18·3.

## Deaths.

There were registered in the district 227 deaths, to these have to be added 33 of residents outside the district and deducted 5 of non-residents which occurred in the district. This gives a total of 255 of actual residents which is 25 less than last year. Of these 140 were males and 115 females.

For the different Wards the figures are:— Whickham 42, Swalwell 63, Marley Hill 26, and Dunston 124.

This gives a death rate of 13·14 and is 2·39 lower than last year when the rate was so greatly raised by the great epidemic of Influenza of which we had two waves during that year while the third wave occurred during February of the year under discussion and again greatly increased the death rate.

It is lower than that for England and Wales at 13·8 the great towns at 13·8, London at 13·4, but higher than the smaller towns at 12·6.

## INFANTILE MORTALITY.

There were 48 deaths of children under one year of age registered in the district and 4 of the residents temporarily outside the district equal to a total of 52 residents, which is 16 more than last year. Of these 3 were at Whickham, 14 at Swalwell, 4 at Marley Hill, and 31 at Dunston.

Of legitimate infants there were 49 deaths and of illegitimate 3, equal in the former case to an infantile mortality rate of 113 in the latter of 176.

The total infantile mortality rate is 118 which is 38 higher than last year when it was the lowest on record. It is thus disappointingly high, much higher than the whole of England and Wales at 89, the great towns at 93, the smaller towns at 90, and London at 85.



For the different Wards the figures are:— Whickham 56, Swalwell 126, Marley Hill 100, and Dunston 130.

In all the Wards it is higher than last year except Swalwell where there is a fall from 155 to 126.

Of these deaths, 9 were due to premature birth, 4 to defective vitality at birth and 3 to Marasmus, altogether 16 due to the group of wasting diseases. These we might be able to influence considerably by the establishment of maternity and child welfare centres; undoubtedly there are more still births, premature births and defective children at birth than there need be if more systematic observation and care were given to expectant mothers.

Three deaths were due to malformations of such a character that they cannot be regretted.

Six were due to diarrhoea not very excessive for the character of the season.

Of the ordinary infective diseases there were only two deaths, both of Whooping Cough complicated with broncho-pneumonia.

Of acute respiratory diseases there were 10 deaths— 4 of Bronchitis, 1 of Pneumonia and 7 of Broncho-pneumonia.

Two were due to Influenza, 1 to Congenital Syphilis, 1 to Tubercular Peritonitis and 3 to Convulsions.

Though the infantile mortality is still too high it is much lower than it used to be, for instance in 1904 when I first prepared the statistics the rate was 190 and the average for the previous ten years was 160, while for the past five years including that under review the average is 111 and 4 of the deaths occurred outside the district.

The average is therefore considerably lower and yet probably, owing to the great reduction of house building before

the War and its complete cessation during the War overcrowding, a great factor in causing infant deaths, is much greater. The decline has been largely due to the establishment of the Nursing Association and the appointment of district nurses and health visitors who have assisted mothers in the general management of their children and above all in promoting breast-feeding which before their advent had been approaching extinction.

The provision of dried milk at cost price where breast-feeding has been impossible has been a further step in the right direction.

At the same time we will never get this mortality reduced to what it might be until housing conditions are improved.

### ZYMOTIC DISEASES.

There were 20 deaths from the seven chief Zymotic diseases viz:— 5 from Measles, 1 from Scarlet Fever, 5 from Whooping Cough, 2 from Diphtheria, and 7 from Diarrhoea under 2 years.

This is equal to a Zymotic death rate of 1·03 which is 0·48 higher than last year chiefly due to the epidemic prevalence of Measles and Whooping Cough.

Eight were at Swalwell, 12 at Dunston, and none at Whickham and Marley Hill.

Distributed over the district the deaths from Measles were, 1 at Swalwell, and 4 at Dunston, from Whooping Cough 4 at Swalwell and 1 at Dunston, from Scarlet Fever 1 at Dunston, from Diphtheria 2 at Dunston, and from Diarrhoea 3 at Swalwell and 4 at Dunston.

Expressed in death rates the figures are, Measles 0·25, Whooping Cough 0·25, Scarlet Fever 0·05, Diphtheria 0·10, and Diarrhoea under two years 0·36.

When the deaths from Diarrhoea are expressed in terms of number of births the rate is 15·9 per thousand births which is higher than for England and Wales at 9·59, the great towns at 12·24, the smaller towns at 8·67; but lower than London at 16·22.

## TUBERCULOSIS DISEASES.

There were 16 deaths from Pulmonary Tuberculosis, of which 7 were males and 9 females, this is 2 less than last year and is equal to a death rate of 0·82 being 0·17 less than last year.

Of other tuberculosis diseases there were 8 deaths the same as last year, of which 3 were males and 5 females. Four were of Tuberculosis Meningitis, 2 of Tuberculosis Peritonitis, 1 of Tuberculosis of the Spine, and 1 of General Tuberculosis. This is equal to a death rate of 0·41.

Of all Tuberculosis Diseases the death rate is 1·23 being 0·11 less than last year.

This shows that 9·41 of all deaths were due to Tuberculosis in some form.

Of the pulmonary cases, 2 were at Whickham, 6 at Swalwell, 3 at Marley Hill, and 5 at Dunston, and of the others 3 were at Swalwell and 5 Dunston.

The deaths from Tuberculosis thus again show a slight decline.

## ACUTE RESPIRATORY DISEASES.

Of these diseases there were 37 deaths of which 11 were from Bronchitis, 24 from Pneumonia of all forms and 2 from others, 23 males and 14 females, 7 were at Whickham, 9 at Swalwell, 1 at Marley Hill and 20 at Dunston. This is 20 lower than last year.



This is equal to a death rate of 1.90 which is 1.26 lower than last year when it was high owing to the Influenza epidemic but it is important that though we had the third wave of the epidemic in February of the year under review, the death rate was 0.41 lower than in 1917 when there was no Influenza epidemic.

## INFLUENZA.

There was a severe recrudescence of this disease at the beginning of the year; cases began towards the end of January and became overwhelming during February quickly dying out during March. It was not quite so severe as the second wave in November 1918 but more severe than the first in June and July.

It attacked and proved fatal at all ages, there were many more young children and old people attacked than in the two previous periods.

Another striking feature was the fact that so many of the cases occurred in isolated out of the way places probably due to these having escaped infection in the previous waves.

While Marley Hill and Dunston suffered most severely in 1918, Whickham and Swalwell did so in 1919.

While as indicated above there was no increase of deaths above the normal in acute respiratory diseases apart from Influenza as was the case in 1918, I am quite confident that the two deaths from Whooping Cough which occurred in February were due to the fact that the children also contracted Influenza which proved fatal through Pneumonia complications.

Though the epidemic rapidly subsided in March isolated cases kept occurring during the year and caused three further deaths.



Altogether there were 20 deaths, of which 11 were males and 9 females. 6 were at Whickham, 6 at Swalwell, 1 at Marley Hill, and 7 at Dunston.

This is equal to a death rate of 1.03, and considering the enormous number of attacks, I do not think the case mortality was high.

Judging by the history of previous epidemics during the past centuries, there is good reason to hope and believe that there will not be another similar invasion for a generation.

The causes of all deaths are set forth in the Table on the following page.

**CAUSES OF DEATH IN WHICKHAM U. D. 1919.**  
(Civilians only)

CAUSES OF DEATH.					MALES.	FEMALES
ALL CAUSES ... ..					140	115
1	Enteric Fever	...	...	...		
2	Small pox	...	...	...		
3	Measles	...	...	...	3	2
4	Scarlet Fever	...	...	...	1	
5	Whooping Cough	...	...	...	1	4
6	Diphtheria and Croup	...	...	...	1	1
7	Influenza	...	...	...	11	9
8	Erysipelas	...	...	...		
9	Pulmonary Tuberculosis	...	...	...	7	9
10	Tuberculous Meningitis	...	...	...	1	3
11	Other Tuberculous diseases	...	...	...	2	2
12	Cancer. malignant diseases	...	...	...	8	5
13	Rheumatic Fever	...	...	...		
14	Meningitis	...	...	...	4	
15	Organic heart disease	...	...	...	12	14
16	Bronchitis	...	...	...	6	5
17	Pneumonia (all forms)	...	...	...	16	1
18	Other Respiratory diseases	...	...	...	1	1
19	Diarrhœa, etc., (under 2 years)	...	...	...	4	3
20	Appendicitis and Typhlitis	...	...	...		
21	Cirrhosis of Liver	...	...	...		
21a	Alcoholism	...	...	...		
22	Nephritis and Bright's disease	...	...	...	2	2
23	Puerperal Fever	...	...	...		
24	Parturition, apart from Puerperal Fever	...	...	...		1
25	Congenital debility, etc.	...	...	...	7	12
26	Violence, apart from suicide	...	...	...	8	
27	Suicide	...	...	...	1	1
28	Other defined diseases	...	...	...	42	31
29	Causes ill-defined or unknown.	..	...	...	2	2
Special Causes (included above)						
	Cerebro-spinal fever	...	...	...	2	
	Poliomyelitis	...	...	...		
Deaths of infants under 1 year of age. Total					25	27
Illegitimate ... ..						3
TOTAL BIRTHS ... ..					238	202
Legitimate ... ..					231	192
Illegitimate ... ..					7	10
POPULATION—						
For Birth Rate ... ..					20204	
For Death Rate ... ..					19395	

## NOTIFICATIONS.

There were 393 notifications of infectious diseases, being 13 more than last year chiefly due to an epidemic of Measles throughout the whole district.

Of these 35 were of Scarlet fever, 12 of Diphtheria, 5 of Erysipelas, 11 of Ophthalmia Neonatorum, 34 of Pneumonia, 5 of Malaria, 1 of Cerebro Spinal Meningitis, 1 of Typhoid fever, 1 of Puerperal fever, 260 of Measles, and 28 of Tuberculosis.

In the Wards they were as follows:—Whickham 59, Swalwell 121, Marley Hill 23, and Dunston 190.

**Scarlet fever.** Of the 35 cases, 7 were at Whickham, 1 at Swalwell, 6 at Marley Hill, and 21 at Dunston. They were fairly distributed throughout the year, but most occurred in the last quarter. At no period did it assume epidemic prevalence. The type was generally mild, and only one death resulted. Twenty four cases were removed to the Isolation Hospital and the others were efficiently isolated at home.

**Diphtheria.** Of the 12 cases, 2 were at Swalwell, 3 at Marley Hill, and 7 at Dunston. They were all isolated cases and there was no epidemic prevalence. There were two deaths. Five were removed to hospital, one was too ill when notified and the others were efficiently isolated at home,

The case of **Typhoid fever** was mild and only proved by the Widal reaction. It was sent to hospital and the important thing is that no other cases occurred.

This has become an extremely rare disease in our district where it used to prevail nearly every autumn.

**Measles.** This disease prevailed throughout the second half of the year and assumed epidemic prevalence during the last quarter. We knew of its prevalence in neighbouring districts and towns, and especially in Gateshead, and were quite prepared for an outbreak. The first case occurred in Swalwell in June

and it went no further. In July 4 were notified at Dunston. In August there were notified 2 at Swalwell, 1 at Marley Hill, and 4 at Dunston. In September there were 2 at Whickham, 4 at Swalwell, and 3 at Dunston.

During that quarter then while the disease was introduced into all the wards, it was being kept well in check. In October there were 12 notifications in Whickham, 6 at Swalwell, 25 at Dunston, and none at Marley Hill. In November cases declined to 5 at Whickham, but increased to 12 at Swalwell and 75 at Dunston; while again there were none at Marley Hill, and in December cases increased to 18 at Whickham, to 55 at Swalwell, and decreased to 19 at Dunston, while Marley Hill had 6 cases. It was evident then that at Dunston the epidemic was nearly over while in all other districts it was doubtful if the height had been attained though that was anticipated at Swalwell. As it turned out, however, the whole of the epidemic was practically over, for in every district it declined rapidly during January 1920.

This history is not what has generally been observed in Measles epidemics. The progress after the original invasion was very much slower; indeed, in every Ward fresh invasions were required before there was full epidemic prevalence and it did not become at any time so overwhelming in its incidence. The epidemic was really arrested at Marley Hill; and, though it lasted a long time in Whickham, the cases were never very numerous, and at neither of these places did any fatalities occur.

True, it lasted much longer than usual, and it might be considered a doubtful benefit to check the epidemic in the Summer and Autumn months to allow its increased prevalence in the Winter. Increased fatalities might have been expected in this way from usual fatal complications of Bronchitis and Pneumonia.

As a matter of fact, up to the end of year, there were only 5 deaths which is a very low mortality. It is to be remembered that only first cases were notified, and, I am quite sure that



these would need to be multiplied at least by 3 to get the actual number of cases without counting those that were not seen by a doctor and so not notified; though, I believe, these were not numerous owing to compulsory notification having impressed the public with the seriousness of the disease and induced them to send for the doctor in nearly all cases—an enormous advantage in itself.

Besides, this slower progress enabled the district nurses ably assisted by many V.A.D's., to give more attention to the nursing of the serious Pneumonia cases.

When, long before Compulsory Notification was introduced, Dr. Hill, the County M. O. H., and the Durham County Council, strongly advocated notification. I took an active part in supporting them. It was then held that by compulsory notification, followed by an organisation for nursing the serious cases, much advantage would be gained and many lives saved, even though epidemic prevalence might not be much modified. I agreed with this, but went further in expressing my conviction that epidemic prevalence might be greatly modified and that many threatening epidemics might be altogether arrested. It is to be remembered that the longer an epidemic can be staved off the less will be the mortality, for the fatalities from Measles are practically limited to a very narrow age period—that from 1 to 5 years.

I think the epidemic under review very well confirms these convictions.

In my opinion therefore the abrogation of the law of compulsory notification is a backward step, though I quite acknowledge that in itself notification is useless unless steps are taken to organise a system of district nursing sufficient to cope with a severe epidemic of Measles and other diseases such as Influenza and epidemic diarrhœa.

For Scarlet fever, Diphtheria, and Typhoid fever, this is not so necessary. Cases of these diseases are sent to hospital as soon as diagnosed.

**Pneumonia.** This became a notifiable disease in March. There were 34 cases notified of which 9 were at Whickham, 15 at Swalwell, 3 at Marley Hill, and 7 at Dunston.

I doubt very much if all cases especially of Broncho-pneumonia have been notified.

There were notified 5 cases of **Erysipelas** of which 3 were at Swalwell and 2 at Dunston, none were fatal.

There were 5 cases of **Malaria** notified as occurring amongst demobilised soldiers of which 3 were at Swalwell, and 2 at Dunston. They were all recurrences of attacks which they had on Active Service.

There was 1 case of **Cerebro-Spinal Meningitis** notified from Marley Hill. It was at once diagnosed and sent to the R. V. I., while notification was sent to me at the same time. The diagnosis was confirmed by bacteriological examination of fluid removed by lumbar puncture. The case proved fatal.

It is impossible to say where and how the infection was got, but it is satisfactory to know that no other cases occurred.

There was 1 case of **Puerperal fever** notified which recovered satisfactorily.

There were 11 cases of **Ophthalmia Neonatorum** notified which is considerably more than we have ever had in former years, 2 were at Whickham, 4 at Swalwell, 1 at Marley Hill, and 4 at Dunston. This is a very serious disease, because, though not fatal, it is a very common cause of blindness. The severe cases are due to gonorrhoeal infection, but all cases of Ophthalmia or inflammation of the eyes in babies are not necessarily due to this but may be caused by a milder infection. It is however a safe practice to treat, and to treat promptly every case as if it were due to the severe infection. It is very amenable to correct and prompt treatment; but, if this is delayed, disorganisation of the eyes quickly results with permanent blindness.

This occurred in one case notified. The baby was born elsewhere, and the eyes perfunctorily treated at first, until it was taken to the Eye Infirmary; when a month old, it was brought to Whickham, and reported to me. The eyes were completely destroyed, and it required a period of continuous treatment before all infection was destroyed.

**Tuberculosis.** There were 28 cases notified, being 12 fewer than last year. Four were at Whickham, 6 at Swalwell, 2 at Marley Hill, and 16 at Dunston.

This would mark a considerable decline in the prevalence of this disease, only there is much doubt as to whether all or most of the cases are duly notified. Probably most of those in pulmonary cases are, but it is equally probable that most of those in which the disease only manifests itself in glands are not. There is often considerable doubt in these cases allowing a marked divergence of opinion. Some doctors regard all chronically enlarged glands, especially in children, as tuberculosis; while others regard them quite differently unless the glands definitely break down.

Apart from notifications, as a matter of personal experience I do not think we get nearly so many cases of tuberculous glands breaking down and producing what used to be called Scrofulous Sores or King's evil as formerly.

Of the non-notifiable infectious diseases there was no very serious prevalence though **Whooping Cough** was to some extent epidemic at Swalwell and Dunston during the early months and caused 5 deaths. 1 was at Dunston and 4 were at Swalwell, but 2 of those at Swalwell were more correctly due to Influenza. They were doing quite well until they contracted Influenza during the epidemic.

Though the Season was a favourable one for **Diarrhœa**, prevalence was not so great as in many previous similar seasons.



We cannot expect to get this disease altogether eradicated until earth-closets are replaced with water-closets throughout the crowded parts of the district, even with the best of scavenging. It caused 7 deaths, one of which however occurred outside the district, so that 6 only were contracted in our own area. This is the same as last year. Three belonged to Swalwell, and 4 to Dunston.

## GENERAL SANITATION.

In dealing with this subject the first thing that impresses us is the fact that while this district was progressing with great rapidity and with equally rapid house building up to about ten years ago, without any apparent cessation of the former, the latter first slackened, then altogether, came to an end.

Being in the midst of a great munition area there was a great influx of workers with no increased accommodation, so that the existing houses became grossly overcrowded. With the extra use and overcrowding, dilapidations increased while there was no available labour to cope with them.

With the cessation of war much of this extra overcrowding has disappeared, but many developments during the war remain.

Increased production of Coal at all Collieries is more urgent than ever, while the natural and normal increase of population has been altogether unprovided for.

Hence the greatest of all problems is housing. More houses are required not only for the natural increase of population, the advances of industry and the need of increased production at the Collieries, but to take the place of so many existing houses that have become dilapidated out of all possibility of reasonable repair with due regard to the proper demands of increased comfort.

Undoubtedly, in many cases, attempts at repair without actual reconstruction would only be wasteful. It is, however, useless in most cases to urge even reasonable reconstruction until many new houses are built.



The Council has properly considered this question very thoroughly and produced a scheme that will ultimately, we hope, solve the question.

The building, as speedily as possible, of the four hundred houses already arranged for will go a long way to relieve the situation, though before the present and prospective population is adequately provided for, this number will be required to be increased to somewhere about a thousand unless the private builder steps in and provides the rest.

There is, of course, no alternative until these houses are built; but to proceed as earnestly as possible, as rapidly as possible, even adopting the most drastic proceedings possible to enforce all necessary repairs, and to restore and keep all houses in the best sanitary condition possible.

Defective and poor as so many of the houses in the older parts are, their immediate surroundings are often worse and require just as much attention.

On the other hand, there are certain very valuable assets. We have an excellent and abundant water supply throughout the whole district, a drainage system efficient for present needs though the houses to be built under the Housing Scheme in which the Water Carriage System will be adopted may test their continued efficiency, and the scavenging under the charge of the Council itself is efficiently performed.

Appended is the Report of the Sanitary Inspector, and, while calling attention to this, I may make a few remarks on the condition and needs of the different Wards.

**Whickham.** There is not a great deal here requiring notice. Overcrowding does exist, and, where many of the houses consist of from 2 to 5 rooms, it is not always easy to avoid it. Much might be done in the Colliery free houses by arrangement by the management for giving the largest houses to the largest families.

The fifty houses arranged for will do much to relieve the congestion.

One improvement that I have often urged would be of great value. In the midst of streets of comparatively new houses there is the old Thomas Street, which consists of sixteen two roomed houses in flats. The conversion of these into eight four-roomed houses would give excellent accommodation to larger families, and the space now taken up by the pantries for the upstairs houses could be converted into bath-rooms.

For the rest it is only individual houses which require attention. In some other cases the throwing of two adjacent houses into one would effect a great improvement.

**Marley Hill.**—Here there is nothing to be added to last year's report. The fifty houses planned for this district would do no more than provide for the families which would be displaced by the conversion of the back-to-back houses still remaining to be made into through houses—a conversion already promised when other houses are available.

It is to be remembered, however, that at the Marley Hill Collieries, as well as at Axwell Park Colliery, Swalwell and Whickham, as well as at other Collieries at Swalwell and Dunston, and at other works, there are many workers non-resident. They live chiefly at The Teams and Gateshead; and, in the cases of Whickham and Marley Hill, this means a walk of 3 or 4 miles to work. No doubt many of these would like accommodation nearer their work, and will be applicants for the new houses.

**Swalwell.** The problem here is much more difficult. Undoubtedly a great deal of re-construction will be necessary to make Swalwell decently fit; but, with the construction of the first hundred houses, the congestion will be relieved, and it will be possible to face the necessary re-construction. I do not think this need be so very formidable if we accept the view that better and fuller accommodation for families has become a necessity. By removing altogether a few of the worst houses which are obstructive to improvements, a very great deal could

be done by making all the back-to-back into through houses, and by, in many cases, throwing two houses into one. For instance, the whole of Waterside, Poorhouse yard, and Whorlton terraces could be excellently dealt with in one or other of these ways. The back-to-back houses in Poorhouse yard and Waterside, and Malton yard dealt with in this way would make excellent commodious houses provided the immediate surroundings were made good, and the single large roomed dwellings on the east side of the square in Poorhouse yard, could be also made very good by making two into one provided that windows could be put into the back walls. Each house would then become a three or four roomed dwelling with rooms larger than the new houses.

When we consider the present cost of building and the consequent economic rent of new houses, these, after the necessary alterations, would in economic rent, compare favourably with the new, and it is quite certain that there must be considerable re-adjustments in rent all round.

The proportion of houses to the whole that require to be drastically treated is greater in Swalwell than in any other part of the Urban Area, though there are quite as many in Dunston in actual fact.

**DUNSTON.** Much the same remarks apply here as at Swalwell, but the proportion which the very bad property bears to the whole is much lower. Most of that in the neighbourhood of Drury Buildings would be better swept away altogether, leaving the whole site for industrial developments. For most of the rest of the oldest parts of Dunston, the most of the suggestions I have made in regard to Swalwell will apply and the construction of the two hundred new houses arranged for, would make such re-construction a possibility.

One matter I would like to emphasise about several of the streets of comparatively new houses in Dunston, is this, the nearness of the ash-closets, in the small yards, to the kitchen is most objectionable; in warm weather they are simply breeding



grounds for flies, and so the houses are necessarily fly-ridden; and it is impossible to keep either doors or windows open. Whatever policy is adopted, as to the general conversion to water-closets throughout the whole district, the conversions should certainly be enforced in these streets. Then the close proximity to the house door would be a convenience, rather than a nuisance.

Considering the needs of the whole district, then, the greatest need of all is improved housing, and of this, the essential is the carrying out of the Council's scheme of house building, and the giving of every encouragement to the private builder, to supplement it.

Then should follow the re-construction of the worst districts along the lines I have indicated, chiefly lessening the number by increasing the accommodation in the individual houses. Then promoting at an accelerating rate, the change from the conservancy to the water-carriage system of sewage disposal, with due justice and fairness to all, including the property owners.

As shown by the vital statistics, the district is by no means an unhealthy one, in spite of the fact that it is very much overcrowded.

Its worst feature, as disclosed by these statistics, is the high infantile mortality, but that, it shares with the whole County, which has always had an un-enviable notoriety in this matter, and our district is better than most.

Even here, over a series of years, there has been a great improvement. The greatest cause of our inferiority, to even large towns, in this respect, is that most of the towns have the water carriage system of sewage disposal, so that even the slums of the towns are better in this respect.



The practical immunity from Typhoid fever for many years, and the ever-increasing reduction of epidemic diarrhoea, shows that, in spite of all the difficulties of war time, sanitary progress continues.

I am,

Mr. Chairman & Gentlemen,

Your obedient servant,

ANDREW SMITH,

M.O.H.

# Report of the Sanitary Inspector.

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Health Department,  
Council Offices,  
Whickham.

February, 1920.

To the Medical Officer of Health,

I beg to hand you the summary of the work which has been done in this Department, during the year 1919.

During the year I received one complaint of a house being in a dirty and filthy condition. On inspection, I found there were justifiable grounds for the complaint, and the tenant took steps immediately after my first visit to have the house thoroughly cleansed.

## HOUSING.

During the year 94 notices have been served on owners of various properties, calling for them to remedy structural defects. Practically the whole of these notices have now been complied with, and an inspection of the houses in the District is being carried out under The Housing & Town Planning, Etc. Act, 1919, in as systematic a manner as possible, and all structural defects found are dealt with under this Act. This work during the present year, will entail a great amount of work and careful consideration. The Housing & Town Planning, Etc. Act, 1919, is a drastic measure, I mean that portion of it which refers to the making of "unfit" houses fit for human habitation. After property has been inspected, it is a fairly easy matter for me to put the defects before the Committee, and then the Council, with the assurance that the Law will be carried out, but this, to my mind, is just where the danger comes in. After the property has been inspected, and the notices served under Section 28 of the Act, and the required 21 days have elapsed, it is then up to the owner on the one hand, and the Council on the other, to decide the destiny, or bringing up to date of the property in question.

These remarks, to a certain extent refer to Dunston, but more particularly to Swalwell. To give Swalwell its due, under Section 28 of the Housing & Town Planning, Etc. Act, 1919, nothing short of a practical re-construction scheme, will, in my opinion, meet the requirements of Section 28 of the 1919 Act. A tremendous amount of the old property in Swalwell is of a back-to-back type, and ill-ventilated; houses have been made to fit in at all angles, and the essentials of sanitation have been, to a great extent ignored. The absence of wash-up scullery sinks, proper food stores and pantries; pan tiled roofs, defective walls, obstructed buildings together with the existence of ash-closets, how is it possible to ask any Council of whatever progressive nature it may be, to conform to any suggested notices for repairs and surely nothing will meet the case but the abolition and re-construction on modern lines.

### **167 to 171, Ravensworth Road, Dunston.**

This property is absolutely a slum, and the outside conditions are a perfection of squalor. The property was, in the first instance, inspected, and a report made to the Council, who, after due consideration, took the matter up in a drastic, yet necessary manner, with the result that Closing Orders were eventually ordered, but which have not yet expired. There is no doubt that if this site were cleared, a very valuable site would be available for housing or business purposes.

### **Conversion of Ash-closets into Water-closets.**

This matter has received the closest attention of the Council during the past year, with the result that several conversions have been made, and more are in progress. The conversions are made under Section 36 of the Public Health Act, 1875, which means that each case is dealt with on its merits.

As will be seen by the Table, eight ash-closets have been converted into water-closets, and three additional water-closets have been provided, making a total of eleven water-closets provided in the district during the year.

### **House Drainage.**

During the year seven house drainage systems have been tested, and six of these were found to be in a defective condition. 339 feet of defective drain were removed; 840 feet of new 4 inch drain was laid; 31 anti-bell traps have been fixed and 47 water tests have been applied to the new work. Each drain was properly tested with water, after which it was carefully concreted, before being allowed to be filled in.

### **Fish Friers' Licenses.**

Two applications have been before the Council for Fish Friers' Licences, during the past year, and both were refused.

### **Factory and Workshops Act.**

Two complaints were received from His Majesty's Factory Inspector, and both matters were taken up and successfully remedied.

### **Unsound Meat.**

During the year one carcase of a cow, and 15 lbs. of cooked frozen tripe were condemned as unfit for human food.

### **Slaughter Houses.**

There are nine slaughter houses on the register, and these were periodically inspected. They are well managed by their respective occupiers.

### **Glaxo.**

During the year 3336 lbs. of Glaxo have been sold, and £396-11-4 has been paid over to the Collector.

### **Visits.**

851 visits have been paid to the various works in hand, in the district and for other purposes.

GEG. E. HOPPER,  
Sanitary Inspector.



## County of Durham.

*SUMMARY of Work done in the Inspector of Nuisances' Department during the year 1919 in the URBAN DISTRICT of WHICKHAM.*

1. PUBLIC HEALTH ACTS.				Number of Informal written notices by Inspector	Number of Formal Notices by order of Authority	Number of Nuisances abated after Notice	General Remarks
Dwelling-houses and Schools.	Foul Conditions Structural Defects Overcrowding ...	1 4		1 4			But now all structural defects are being dealt with under the H.T.P. Acts 1909—1919.
Lodging-houses	...						
Dairies and Milkshops	...						
Cowsheds	...	14		14			
Bakehouses	...	1		1			
Slaughter-houses	...						
Ashpits and Privies	...	6		6			8 ash-closets have been abolished.
Deposits of Refuse and Manure	...	3		3			
Waterclosets...	...	1		1			8 W.C's have been fixed in place of ash-closets 3 additional W.C's have been provided.
Defective Yard Paving	...	1		1			
House	Defective Traps						See remarks in Reports.
Drainage	No Disconnection from sewers						
	Other Faults	19		19			
Water Supply	...	12		12			
Pigsties	...						
Animals Improperly Kept	...						
Offensive Trades	...						
Smoke Nuisances	...						
Other Nuisances							
Under P.H.A. 1875 sec. 91	...	17	34	47			9 notices outstanding of which owners of 6 properties have given instructions to builders 4 closing orders have been served on property.
Under P.H.A. 1875, sec. 36	...		20	7			
Under H.T.P. Act, 1909, sec. 28	...	1	25	19			4 closing orders served on property 3 notices outstanding. 9 notices complied with after instructions from Council, and cost to be recovered from owners.
Under H.T.P. Act, 1919, sec. 28	...		18				None of these notices have expired.
Visits to ascertain if notices served have been complied with, etc., in addition to other work reported 851.							
TOTALS				80	97	135	

*Inspector's Report continued:-*

	Number	Remarks.
<b>II. WATER, FOOD AND DRUGS</b>		
Samples of Water taken for analysis		
,,           ,, condemned as ...		
unfit for use           ...		
Seizures of Unwholesome Food ...	.....	One whole carcase of a cow, and
Convictions for exposing or selling		15 lbs. of cooked frozen tripe
Unwholesome Food ...		
Samples of Food and Drugs taken ...		
for Analysis ...		
,,           ,, found Adulterated ...		
<b>III. PRECAUTIONS AGAINST INFECTIOUS DISEASE</b>		
Lots of Infectious Bedding stoved		
or destroyed	56	
Houses disinfected after Infectious		
Disease	56	
Schools    do.           do.	2	
Prosecutions for exposure of infected		
persons or things		
Convictions for do.   do   do.		
<b>IV. GENERAL.</b>		
Number of New Houses erected		
during the year ...	1	
Number of such Houses occupied		
during the year	1	
Ash-closets converted into pail		
closets ...	4...	A temporary measure granted to the owner by the Council, the arrangement being that the 4 pail closets be allowed for six months, after which the pail closets are to be converted into water closets.
do.                   do. Water-closets	8	
	13	
Total number of Water-closets in ...		
District ...	302	
do.           Ash-closets   do	2062	
do.           Ashpit-privies do		

February 10th, 1920.

GEORGE ERNEST HOPPER,  
Inspector of Nuisances.